

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08730571 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1	1							51							
2	1							52							
3	2							53							
4	2							54							
5	2							55							
6	1							56							
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47								97							
48								98							
49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.															
TOTAL CLAIMS															